

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016969

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4647

FILED MAY 10 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

St. Louis

Length of stay in 1b

1 day

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION
St. Louis - Little Rock
Hospitals, Inc.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Illinois

b. COUNTY

admission)

c. CITY
OR TOWN

Dupo

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

206 North Main Str.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Theodore

Middle

Davis

Last

Kohlenberger

4. DATE
OF DEATH

Month

May

Day

4,

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-23-1893

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Hecker, ILLINOIS

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Valentine KOHLENBERGER

13b. MOTHER'S MAIDEN NAME

Addie SCHULBACK

14. NAME OF HUSBAND OR WIFE

Myrtle Kohlenberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes World WAR II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Myrtle KOHLENBERGER Dupo, Illinois

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cor Pulmonale

INTERVAL BETWEEN ONSET AND DEATH

16 months

DUE TO (b)

Emphysema Pulmonary

9 YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

5271

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 3, 1962 - 6 PM to May 4, 1962 and last saw him alive on May 4, 1962

Death occurred at 9:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

MPS 3001 Pacific HOS

22c. DATE SIGNED

1755 S GRAND AVE

5/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

May 4, 1962

23c. NAME OF CEMETERY OR CREMATORY

Palmer

23d. LOCATION (City, town, or county)

(State)

Monroe County, ILLINOIS

24. FUNERAL DIRECTOR

ADDRESS

Dashner Mortuary - Dupo, Illinois,

25. DATE RECD. BY LOCAL REG.

MAY 7 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Howard H. Haskins*

Licensed Embalmer No. 4621

P. O. Address *Dupe, Ill.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.